

Client Face Sheet

ADULT #1:

*First Name: _____ *Last Name: _____

*Birthdate: _____ / _____ / _____

*Gender:

_____ Male

_____ Female

*Ethnicity:

_____ Hispanic/Latino

_____ Non-Hispanic/Non-Latino

Veteran:

_____ Yes

_____ No

SSN: _____

*Race:

_____ American Indian or Alaskan Native

_____ Black or African-American

_____ White

_____ Asian

_____ Native Hawaiian

_____ or Other Pacific Islander

Special Needs:

_____ Mental Illness

_____ Drug Abuse

_____ MRDD

_____ Domestic Violence

_____ Alcohol Abuse

_____ HIV/AIDS

_____ Physical Disability

Monthly Income Sources at Admission:

_____ Earned Income: \$ _____

_____ SSI: \$ _____

_____ Veteran's Disability Payment: \$ _____

_____ Worker's Compensation: \$ _____

_____ General Public Assistance: \$ _____

_____ Veteran's Pension: \$ _____

_____ Child Support: \$ _____

_____ Other: \$ _____

_____ Unemployment benefits: \$ _____

_____ SSDI: \$ _____

_____ Private Disability Insurance: \$ _____

_____ TANF: \$ _____

_____ Retirement from SSA: \$ _____

_____ Pension from a former job: \$ _____

_____ Alimony or other spousal support: \$ _____

_____ None

Residence Prior to Program Entry:

_____ Emergency shelter (including a youth shelter, or hotel, motel,
or campground paid for with emergency shelter voucher)

_____ Transitional housing for homeless persons (including homeless youth)

_____ Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab)

_____ Psychiatric hospital or other psychiatric facility

_____ Substance abuse treatment facility or detox center

_____ Hospital (non-psychiatric)

_____ Jail, prison, or juvenile detention facility

_____ Room, apartment, or house that you rent

_____ Apartment or house that you own

_____ Staying or living in a family member's room, apartment, or house

_____ Staying or living in a friend's room, apartment, or house

_____ Hotel or motel paid for without emergency shelter voucher

_____ Foster care home or foster care group home

_____ Place not meant for habitation (e.g. vehicle, abandoned building,
bus/train station or anywhere outside)

_____ Other

_____ Don't Know

_____ Refused

Disabling Condition:

_____ No

_____ Yes: (Select One)

_____ Don't Know

_____ Refused

_____ Yes

_____ Diagnosable substance use disorder

_____ Serious mental illness

_____ Developmental disability

_____ Chronic physical illness or disability

*Head:

_____ Yes

_____ No

*Relation to Head:

_____ Self

_____ Spouse

_____ Parent

_____ Sibling

_____ Friend

_____ Grandparent

_____ Adult Child

* Move In: _____ / _____ / _____ Move Out: _____ / _____ / _____

Client Face Sheet

ADULT #2:

*First Name: _____		*Last Name: _____	
*Birthdate: _____ / _____ / _____		*Gender: _____	*Ethnicity: _____
SSN: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Race: _____		Special Needs: _____	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> White		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> or Other Pacific Islander	
		<input type="checkbox"/> Mental Illness <input type="checkbox"/> Drug Abuse <input type="checkbox"/> MRDD <input type="checkbox"/> Domestic Violence	
		<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Physical Disability	
Monthly Income Sources at Admission:			
<input type="checkbox"/> Earned Income: \$ _____ <input type="checkbox"/> SSI: \$ _____ <input type="checkbox"/> Veteran's Disability Payment: \$ _____ <input type="checkbox"/> Worker's Compensation: \$ _____ <input type="checkbox"/> General Public Assistance: \$ _____ <input type="checkbox"/> Veteran's Pension: \$ _____ <input type="checkbox"/> Child Support: \$ _____ <input type="checkbox"/> Other: \$ _____		<input type="checkbox"/> Unemployment benefits: \$ _____ <input type="checkbox"/> SSDI: \$ _____ <input type="checkbox"/> Private Disability Insurance: \$ _____ <input type="checkbox"/> TANF: \$ _____ <input type="checkbox"/> Retirement from SSA: \$ _____ <input type="checkbox"/> Pension from a former job: \$ _____ <input type="checkbox"/> Alimony or other spousal support: \$ _____ <input type="checkbox"/> None	
Residence Prior to Program Entry:			
<input type="checkbox"/> Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher) <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Room, apartment, or house that you rent		<input type="checkbox"/> Apartment or house that you own <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Place not meant for habitation (e.g. vehicle, abandoned building, bus/train station or anywhere outside) <input type="checkbox"/> Other <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	
Disabling Condition:			
<input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused <input type="checkbox"/> Yes		Yes: (Select One) <input type="checkbox"/> Diagnosable substance use disorder <input type="checkbox"/> Serious mental illness <input type="checkbox"/> Developmental disability <input type="checkbox"/> Chronic physical illness or disability	
		*Head: _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		*Relation to Head: _____	
		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	
		<input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Adult Child	
* Move In: _____ / _____ / _____		Move Out: _____ / _____ / _____	

Client Face Sheet

ADULT #3:

*First Name: _____

*Last Name: _____

*Birthdate: _____ / _____ / _____

*Gender:

Male

Female

*Ethnicity:

Hispanic/Latino

Non-Hispanic/Non-Latino

Veteran:

Yes

No

SSN: _____

*Race:

American Indian or Alaskan Native

Black or African-American

White

Asian

Native Hawaiian

or Other Pacific Islander

Special Needs:

Mental Illness

Drug Abuse

MRDD

Domestic Violence

Alcohol Abuse

HIV/AIDS

Physical Disability

Monthly Income Sources at Admission:

Earned Income: \$ _____

SSI: \$ _____

Veteran's Disability Payment: \$ _____

Worker's Compensation: \$ _____

General Public Assistance: \$ _____

Veteran's Pension: \$ _____

Child Support: \$ _____

Other: \$ _____

Unemployment benefits: \$ _____

SSDI: \$ _____

Private Disability Insurance: \$ _____

TANF: \$ _____

Retirement from SSA: \$ _____

Pension from a former job: \$ _____

Alimony or other spousal support: \$ _____

None

Residence Prior to Program Entry:

Emergency shelter (including a youth shelter, or hotel, motel,
or campground paid for with emergency shelter voucher)

Transitional housing for homeless persons (including homeless youth)

Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab)

Psychiatric hospital or other psychiatric facility

Substance abuse treatment facility or detox center

Hospital (non-psychiatric)

Jail, prison, or juvenile detention facility

Room, apartment, or house that you rent

Apartment or house that you own

Staying or living in a family member's room, apartment, or house

Staying or living in a friend's room, apartment, or house

Hotel or motel paid for without emergency shelter voucher

Foster care home or foster care group home

Place not meant for habitation (e.g. vehicle, abandoned building,
bus/train station or anywhere outside)

Other

Don't Know

Refused

Disabling Condition:

No

Don't Know

Refused

Yes

Yes: (Select One)

Diagnosable substance use disorder

Serious mental illness

Developmental disability

Chronic physical illness or disability

*Head:

Yes

No

*Relation to Head:

Self

Spouse

Parent

Sibling

Friend

Grandparent

Adult Child

* Move In: _____ / _____ / _____ Move Out: _____ / _____ / _____

Client Face Sheet

ADULT #4:

*First Name: _____		*Last Name: _____	
*Birthdate: _____ / _____ / _____		*Gender: _____	
SSN: _____		*Ethnicity: _____	
		Male _____ Female _____	
		Hispanic/Latino _____ Non-Hispanic/Non-Latino _____	
		Veteran: _____ Yes _____ No _____	
*Race: _____		Special Needs: _____	
_____ American Indian or Alaskan Native _____ Black or African-American _____ White		_____ Asian _____ Native Hawaiian _____ or Other Pacific Islander	
		_____ Mental Illness _____ Drug Abuse _____ MRDD _____ Domestic Violence	
		_____ Alcohol Abuse _____ HIV/AIDS _____ Physical Disability	
Monthly Income Sources at Admission:			
_____ Earned Income: \$ _____		_____ Unemployment benefits: \$ _____	
_____ SSI: \$ _____		_____ SSDI: \$ _____	
_____ Veteran's Disability Payment: \$ _____		_____ Private Disability Insurance: \$ _____	
_____ Worker's Compensation: \$ _____		_____ TANF: \$ _____	
_____ General Public Assistance: \$ _____		_____ Retirement from SSA: \$ _____	
_____ Veteran's Pension: \$ _____		_____ Pension from a former job: \$ _____	
_____ Child Support: \$ _____		_____ Alimony or other spousal support: \$ _____	
_____ Other: \$ _____		_____ None	
Residence Prior to Program Entry:			
_____ Emergency shelter (including a youth shelter, or hotel, motel, or campground paid for with emergency shelter voucher)		_____ Apartment or house that you own	
_____ Transitional housing for homeless persons (including homeless youth)		_____ Staying or living in a family member's room, apartment, or house	
_____ Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO mod rehab)		_____ Staying or living in a friend's room, apartment, or house	
_____ Psychiatric hospital or other psychiatric facility		_____ Hotel or motel paid for without emergency shelter voucher	
_____ Substance abuse treatment facility or detox center		_____ Foster care home or foster care group home	
_____ Hospital (non-psychiatric)		_____ Place not meant for habitation (e.g. vehicle, abandoned building, bus/train station or anywhere outside)	
_____ Jail, prison, or juvenile detention facility		_____ Other	
_____ Room, apartment, or house that you rent		_____ Don't Know	
		_____ Refused	
Disabling Condition:			
_____ No		_____ Yes: (Select One)	
_____ Don't Know		_____ Diagnosable substance use disorder	
_____ Refused		_____ Serious mental illness	
_____ Yes		_____ Developmental disability	
		_____ Chronic physical illness or disability	
		*Head: _____	
		Yes _____ No _____	
		*Relation to Head: _____	
		Self _____ Sibling _____	
		Spouse _____ Friend _____	
		Parent _____ Grandparent _____	
		Adult Child _____	
* Move In: _____ / _____ / _____		Move Out: _____ / _____ / _____	

Client Face Sheet

List all children under age 18 living in (or not living in) client's Household

CHILD #1:			(Circle One: Living In Household OR Not Living In Household)		
*First Name: _____		*Last Name: _____		Medicaid #: _____	
*Birthdate: _____ / _____ / _____		*Gender: _____		*Ethnicity: _____	
SSN: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
*Race:			Caregiver Name: _____		
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> White		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> or Other Pacific Islander		Caregiver Relationship: _____	
*Education Enrollment Status:		If Not Enrolled, Last Date of Enrollment [MM/YYYY]: _____ / _____		*Type of School:	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Public School <input type="checkbox"/> Parochial or other private school <input type="checkbox"/> Day Care <input type="checkbox"/> N/A	
*Public School Level:			School Name: _____		
<input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other (i.e. Adult Education)		
			*Primary Nighttime Residence:		
			(for non-residential programs)		
			<input type="checkbox"/> Shelters <input type="checkbox"/> Doubled Up <input type="checkbox"/> Unsheltered		
			<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other (Specify below): _____		
*Barriers to Enrollment:			*Support Services Provided:		
<input type="checkbox"/> Eligibility for Homeless Services <input type="checkbox"/> School Records <input type="checkbox"/> Transportation <input type="checkbox"/> Other Enrollment Issues (Specify) <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Physical Examination Records			<input type="checkbox"/> None <input type="checkbox"/> School Selection <input type="checkbox"/> Immunization or Other Medical Records <input type="checkbox"/> Residency Required <input type="checkbox"/> Legal Guardianship Requirements		
			<input type="checkbox"/> None <input type="checkbox"/> English Language Learners (ELL) <input type="checkbox"/> Vocational Education <input type="checkbox"/> Special Education (IDEA) <input type="checkbox"/> Gifted & Talented		
Move In: _____ / _____ / _____			Move Out: _____ / _____ / _____		

Client Face Sheet

CHILD #2: (Circle One: *Living In Household* OR *Not Living In Household*)

*First Name: _____ *Last Name: _____ Medicaid #: _____

*Birthdate: ____ / ____ / ____ *Gender: _____ *Ethnicity: _____

SSN: _____ Male _____ Female _____

Hispanic/Latino _____ Non-Hispanic/Non-Latino _____

*Race: _____ American Indian or Alaskan Native _____ Asian _____

_____ Black or African-American _____ Native Hawaiian _____

_____ White _____ or Other Pacific Islander _____

Caregiver Name: _____

Caregiver Relationship: _____

*Education Enrollment Status: _____ Yes _____ No _____ If Not Enrolled, Last Date of Enrollment [MM/YYYY]: ____ / ____

*Type of School: _____ Public School _____ Day Care _____

_____ Parochial or other private school _____ N/A _____

*Public School Level: _____ Pre-K _____ 4 _____ 9 _____

_____ K _____ 5 _____ 10 _____

_____ 1 _____ 6 _____ 11 _____

_____ 2 _____ 7 _____ 12 _____

_____ 3 _____ 8 _____ Other (i.e. Adult Education) _____

*Primary Nighttime Residence: _____ (for non-residential programs) _____

_____ Shelters _____ Hotel/Motel _____

_____ Doubled Up _____ Other (Specify below): _____

_____ Unsheltered _____

*Barriers to Enrollment: _____ Eligibility for Homeless Services _____ None _____

_____ School Records _____ School Selection _____

_____ Transportation _____ Immunization or Other Medical Records _____

_____ Other Enrollment Issues (Specify) _____ Residency Required _____

_____ Birth Certificates _____ Legal Guardianship Requirements _____

_____ Physical Examination Records _____

*Support Services Provided: _____ None _____

_____ English Language Learners (ELL) _____

_____ Vocational Education _____

_____ Special Education (IDEA) _____

_____ Gifted & Talented _____

Move In: ____ / ____ / ____ Move Out: ____ / ____ / ____

Client Face Sheet

CHILD #3:			(Circle One: <i>Living In Household</i> OR <i>Not Living In Household</i>)		
*First Name: _____		*Last Name: _____		Medicaid #: _____	
*Birthdate: _____ / _____ / _____		*Gender: _____		*Ethnicity: _____	
SSN: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
*Race:			Caregiver Name: _____		
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> White		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> or Other Pacific Islander		Caregiver Relationship: _____	
*Education Enrollment Status:		If Not Enrolled, Last Date of Enrollment [MM/YYYY]: _____ / _____		*Type of School:	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Public School <input type="checkbox"/> Parochial or other private school <input type="checkbox"/> Day Care <input type="checkbox"/> N/A	
*Public School Level:			School Name: _____		
<input type="checkbox"/> Pre-K <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other (i.e. Adult Education)	
			*Primary Nighttime Residence:		
			(for non-residential programs)		
			<input type="checkbox"/> Shelters <input type="checkbox"/> Doubled Up <input type="checkbox"/> Unsheltered		<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other (Specify below): _____
*Barriers to Enrollment:			*Support Services Provided:		
<input type="checkbox"/> Eligibility for Homeless Services <input type="checkbox"/> School Records <input type="checkbox"/> Transportation <input type="checkbox"/> Other Enrollment Issues (Specify) <input type="checkbox"/> Birth Certificates <input type="checkbox"/> Physical Examination Records		<input type="checkbox"/> None <input type="checkbox"/> School Selection <input type="checkbox"/> Immunization or Other Medical Records <input type="checkbox"/> Residency Required <input type="checkbox"/> Legal Guardianship Requirements		<input type="checkbox"/> None <input type="checkbox"/> English Language Learners (ELL) <input type="checkbox"/> Vocational Education <input type="checkbox"/> Special Education (IDEA) <input type="checkbox"/> Gifted & Talented	
Move In: _____ / _____ / _____			Move Out: _____ / _____ / _____		

Client Face Sheet

CHILD #4: (Circle One: *Living In Household* OR *Not Living In Household*)

*First Name: _____ *Last Name: _____ Medicaid #: _____

*Birthdate: ____ / ____ / ____ *Gender: _____ *Ethnicity: _____

SSN: _____ Male _____ Female _____

Hispanic/Latino _____ Non-Hispanic/Non-Latino _____

*Race: _____ American Indian or Alaskan Native _____ Asian _____

_____ Black or African-American _____ Native Hawaiian _____

_____ White _____ or Other Pacific Islander _____

Caregiver Name: _____

Caregiver Relationship: _____

*Education Enrollment Status: _____ Yes _____ No _____ If Not Enrolled, Last Date of Enrollment [MM/YYYY]: ____ / ____

*Type of School: _____ Public School _____ Day Care _____

_____ Parochial or other private school _____ N/A _____

*Public School Level: _____ Pre-K _____ 4 _____ 9 _____

_____ K _____ 5 _____ 10 _____

_____ 1 _____ 6 _____ 11 _____

_____ 2 _____ 7 _____ 12 _____

_____ 3 _____ 8 _____ Other (i.e. Adult Education) _____

*Primary Nighttime Residence: _____ (for non-residential programs) _____

_____ Shelters _____ Hotel/Motel _____

_____ Doubled Up _____ Other (Specify below): _____

_____ Unsheltered _____

*Barriers to Enrollment: _____ Eligibility for Homeless Services _____ None _____

_____ School Records _____ School Selection _____

_____ Transportation _____ Immunization or Other Medical Records _____

_____ Other Enrollment Issues (Specify) _____ Residency Required _____

_____ Birth Certificates _____ Legal Guardianship Requirements _____

_____ Physical Examination Records _____

*Support Services Provided: _____ None _____

_____ English Language Learners (ELL) _____

_____ Vocational Education _____

_____ Special Education (IDEA) _____

_____ Gifted & Talented _____

Move In: ____ / ____ / ____ Move Out: ____ / ____ / ____